

for every retiree. Today only three workers support every retiree and in the next few decades, that number will drop to two. By 2042, the system will become bankrupt and it will only be able to pay 70 percent of promised benefits.

Younger workers can earn additional benefits by giving them the option to invest a small portion of their Social Security taxes in bonds and stocks. Personal accounts will allow them to build a financial nest-egg for their retirement; they can pass on to their loved ones.

Mr. Speaker, personal accounts will give our children and grandchildren the peace of mind that they will be financially secured in the future.

A TRIBUTE TO CYNTHIA BARILE

HON. CHRISTOPHER COX

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 28, 2005

Mr. COX. Mr. Speaker, I rise to pay tribute to a close friend and exceptional employee, Cynthia Barile, in anticipation of her last day as Caseworker in my California office. It is with deep gratitude—and more than a little sadness—that my staff and I must wish Cynthia farewell. I would like to take this opportunity to thank her for her 6 outstanding years of dedicated service to my office and to the residents of the 48th district of California.

Since joining my staff 6 years ago, Cynthia has been a tireless advocate on behalf of Orange County residents. She was first hired in August 1999 as the Office Manager for my California office, and assumed her new administrative duties with great ease. With Cynthia in this critical post, the district office was in the most capable of hands. She quickly demonstrated excellent communication and interpersonal skills and, thanks to her fluency in both English and Spanish, she became a vital link between the staff and our diverse constituency. In 2002, Cynthia was promoted to Congressional Caseworker, a position in which she has excelled for the past 3 years. In this time, Cynthia has personally handled over 2,500 cases and has helped literally thousands of people resolve their problems with Federal agencies. Though she has dealt with nearly every Federal agency during her tenure in my office, she has specialized in cases involving the U.S. Citizenship and Immigration Service; the Department of Veterans Affairs; the Department of Defense and military branches; the Department of Justice; and the State Department and U.S. Embassies around the world.

Cynthia's career in public service predates her work on behalf of the 48th Congressional

District. Prior to joining my office, she was the Scheduler and Office Manager for former California Assemblyman Bill Campbell. Bill is a close, personal friend of mine, so I know how greatly he valued Cynthia's years of service to him and the constituents of the 71st Assembly District. Although she is now departing my office, she is not leaving the House of Representatives. Cynthia is moving just 25 miles up the road—and saving herself countless hours of commute time in Orange County traffic—to be a Caseworker in the district office of U.S. Rep. ED ROYCE in Fullerton. I have no doubt that she will continue to excel in this new position, and commend my friend and colleague, Ed, for his foresight in bringing her onboard.

Over the past 5 years, I have had the privilege of getting to know Cynthia and her family. Her love for and dedication to her two daughters, Brianna and Alexis, are inspiring. While on my staff, Cynthia celebrated her marriage to her husband Mark Barile, and the birth of their son Christian. Along with all those who have had the opportunity to know and work with Cynthia, I have been incredibly impressed by her ability to balance the demands of being a mother, wife and successful career woman.

Cynthia's professionalism, patience, and courtesy in working with her colleagues, constituents, and agency representatives have made her an invaluable asset to my staff. She is a dedicated, diligent and loyal public servant, and she will be missed greatly by all of us who have had the honor of working with her.

Mr. Speaker, I ask my colleagues to join me today in recognizing Cynthia Barile as she prepares to celebrate her last day as Caseworker in my California Office. She will be greatly missed, and I wish her every success in her future endeavors.

INTRODUCTION OF THE CHARITY CARE FOR THE UNINSURED ACT

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 28, 2005

Mr. WOLF. Mr. Speaker, there are more than 40 million uninsured Americans today—nearly a million in the Commonwealth of Virginia. Throughout the country, medical professionals and countless others have responded to the need of those who are seriously ill and cannot pay for a doctor, medicine, and other health costs. In many places, this help has come in the form of community free clinics.

Community free clinics, particularly in Virginia, have helped people in communities come together to care for those in need. The health care “safety net” for the poor, like the

community free clinics in my congressional district, exists in communities across America, but often in widely varying degrees.

I am pleased to introduce today “Charity Care for the Uninsured Act.” While this legislation alone will not solve the problem of the uninsured, I believe it will help strengthen community “safety nets,” like the community free clinics in Virginia, for those in need and will allow doctors recognition for their willingness to give back to their communities.

The Charity Care for the Uninsured Act would provide a personal income tax credit of up to \$2,000 for doctors who provide between 25 and 50 hours of uncompensated, pro bono charity care to the uninsured in a single calendar year. This legislation would encourage the many physicians who have treated patients who were not able to pay, either in their offices or in community clinics, to continue to do so.

The Charity Care for the Uninsured Act also will help provide a valuable tool—a personal tax credit—to community clinics in recruiting physicians as well as helping motivate countless specialty doctors to take community clinic referrals. Free clinics have contributed to reduced emergency room (ER) utilization among the uninsured, helping save taxpayer dollars. A safety net in which the uninsured can access specialists and medications will improve their health and guard against catastrophic illnesses and trips to the ER.

All of the cost savings and health benefits can be traced back to the commitment and the compassion of the doctors and community partners, and their concern for those who cannot afford insurance. The Charity Care for the Uninsured Act of 2005 recognizes and encourages these caring acts made to help those who need a helping hand. This legislation can be an important tool for communities as they seek to strengthen or build the health care safety net available to their uninsured residents.

H.R. —

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Charity Care for the Uninsured Act of 2005”.

SEC. 2. CHARITY CARE CREDIT.

(a) IN GENERAL.—Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to nonrefundable personal credits) is amended by inserting after section 25B the following new section:

“SEC. 25C. CHARITY CARE CREDIT.

“(a) ALLOWANCE OF CREDIT.—In the case of a physician, there shall be allowed as a credit against the tax imposed by this chapter for a taxable year the amount determined in accordance with the following table:

“If the physician has provided during such taxable year:

At least 25 but less than 30 qualified hours of charity care .....	
At least 30 but less than 35 qualified hours of charity care .....	
At least 35 but less than 40 qualified hours of charity care .....	
At least 40 but less than 45 qualified hours of charity care .....	
At least 45 but less than 50 qualified hours of charity care .....	
At least 50 qualified hours of charity care .....	

The amount of the credit is:

\$1,000
1,200
1,400
1,600
1,800
2,000